

2002 UNIFORM BUSINESS REPORT (UBR)

0002225 AB

DOCUMENT # **A30313**

1. Entity Name

PLAZA IV ASSOCIATES, LTD.

FILED

02 AUG -2 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

Mailing Address

10000 N. CENTRAL EXPWY.. #1150
DALLAS TX 75231

10000 N. CENTRAL EXPWY.. #1150
DALLAS TX 75231

2. Principal Place of Business

3. Mailing Address

8214 WESTCHESTER

8214 WESTCHESTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th FLOOR

9th FLOOR

City & State

City & State

DALLAS, TX

DALLAS, TX

Zip

Country

75225

USA

Zip

Country

75225

USA

DUE BY SEPTEMBER 25, 2002

4. FEI Number

75-2373647

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARD, RICHARD A III
100 N. TAMPA STREET
STE.3175
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **A25849**
NAME **TAMPA PLAZA IV COMPANY, LTD.**
STREET ADDRESS **10000 N. CENTRAL EXPWY., #1150**
CITY-ST-ZIP **DALLAS TX 75231**

STREET ADDRESS **8214 WESTCHESTER, 9th FLOOR**
CITY-ST-ZIP **DALLAS, TX 75225**

DOCUMENT # **A30032**
NAME **AIG TAMPA LIMITED PARTNERSHIP**
STREET ADDRESS **70 PINE STREET**
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS **400006954584--2**
CITY-ST-ZIP **-09/07/02-01076-017**
******550.00 ****550.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **200006950542--6**
CITY-ST-ZIP **-09/06/02-01064-017**
******550.00 ****550.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

W. R. COOPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

W. R. Cooper 7/9/02 214/360-1830

Date

Daytime Phone #

CR2E003 (4/02)